Vermont Department of Health
Clinician Reference Guide • Recognizing and Treating Victims of Domestic Abuse

Clues of Possible Domestic Abuse

- Injuries do not match the history and may be in different stages of healing.
- Abnormal somatization with history of multiple visits to emergency department's or clinicians.
- Inappropriate behavior, flinching, intense startle reactions.
- Reluctance to speak in partner's presence.
- Overly attentive partner reluctant to leave patient.
- Any injury during pregnancy.

If you suspect abuse —

1) Interview patient privately.
2) Don't ask questions or discuss abuse or violence in partner's presence.
3) Obtain patient's consent and call a Domestic Abuse Advocate as soon as possible.

Guidelines for Assessment

1) Ask questions to assess possible domestic abuse. For example:
   - Violence and abuse are common problems in our society. Did someone cause this injury?
   - You seem frightened. Has someone hurt you?
   - Are you in a relationship in which you are threatened or treated badly?
   - Sometimes injuries or sickness result from serious problems at home. Is this true for you?
   - Your partner seems very anxious about you. Did he/she cause these injuries/illness?
2) Complete history and physical.
   - Document history in patient's own words with quotes. The chart may later go to court.
   - Listen nonjudgementally and validate the patient.
   - Don't use the labels like "battered," "abused," or "domestic violence."
3) Pictures of the injuries: color photographs (with consent) and body map.
4) Maintain appropriate chain of custody for all evidentiary material.
5) Provide the patient with all available options. For example:
   - Safety plan.
   - Services from domestic abuse programs: shelters, legal information, counseling, etc.
   - The *Information Guide for Abused Women in Vermont.*
   - Social services: counseling, legal proceedings.
   - Appropriate follow-up for health concerns.
6) Assure an Assessment and Management Plan for:
   - Continued safety for patient and family.
   - Physical health, mental health, and social health with appropriate advocacy.
   - Follow-up and support for counseling and legal concerns.

Reporting of Abuse is Required for:

- Child abuse, child sexual abuse, child neglect (18 and under)
- Elderly (60 and over)/disabled adult abuse/neglect
- Firearm wounds.
- All other reports require permission of the patient.

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What You Should Know About Domestic Abuse

Domestic abuse is defined as violence, battering, and/or coercive control perpetrated by one person toward another in a current or former family, household, or intimate relationship. This abuse may take the form of direct violence, threats of violence, attempts to cause physical harm, placing another in fear of imminent physical harm, sexual assault, emotional-psychological-economic abuse or destruction of property.

- In 95 percent of cases, the victim of abuse is a woman.
- Domestic abuse occurs in every socioeconomic and educational level, racial and ethnic group, religion, lifestyle and age group.
- Between 11 and 50 percent of female emergency department patients present with problems related to domestic violence.
- Asking questions about domestic abuse in the emergency and hospital setting can increase identification of women patients from 6 to 30 percent.

1) Be aware of barriers the patient has in disclosing abuse.

- Fear of threats or actions by the abuser.
- Economic dependence upon the abuse.
- Feelings of guilt or personal responsibility for the abuse.
- Cultural, ethnic or religous background.
- Non-recognition of an abusive situation due to a different definition of abuse. (e.g. *"The injuries aren't serious enough to matter."*)

2) Be aware of barriers for health care providers in caring for victims of domestic abuse.

- Difficulty identifying domestic abuse within a population. (e.g. *"Patients from middle or upper class backgrounds are not at risk."*)
- Fear of becoming involved in a personal matter.
- Belief that this is not the role of the health care provider.
- Belief that because the abuser is present, pleasant, and concerned, there could be no abuse.
- "Blaming the victim" for not leaving the relationship.

3) Tips for the interview.

- DO interview the patient in private.
- DO listen nonjudgementally.
- DO validate the patient. There is a great fear of not being believed.
  "What has ahappened to you is a crime."
  "You are not alone."
  "You are not to blame."
  "You are not crazy."
- DO respect the patient's assessment of the danger.
- DO support the patient in the choices made to the extent possible.
- DON'T talk about abuse in front of a partner or any family member.
- DON'T use labels. The patient may not understand.
  "Battered" "Domestic violence" "Abused"
- DON'T ask:
  "Why do you put up with this?"
  "Why don't you just leave?"
  "What did you do to cause him or her to hit you?"
- DON'T blame the patient for the situation.
- DON'T judge the success of this intervention by the patient's actions.

4) Be aware of the relationship between drug and alcohol abuse and domestic abuse.

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